

Special Olympics Fall Sports Schedule 2003

Swimming **NEW LOCATION, NEW DAY**

Begins: Saturday August 2nd

Practices are held every Saturday

Time: 9:00 am – 10:30 am for juniors (Ages 8-16)

10:00 am. – 11:30 am for seniors (Ages 17+)

Brimhall Junior High – 4949 E. Southern
(On Southern, west of Higley Road)



Bocce Ball

Begins: Tuesday July 29th

Practices are held every Tuesday

Time: 6:00 – 7:00 pm for juniors (8-16)

7:00 – 8:15 pm for seniors (17+)

Webster Gym – 202 N. Sycamore
(Between Main and University - just east of Dobson)



Golf

Begins: Wednesday July 23rd

Practices are held every Wednesday

Time: 7:00 – 8:00 p.m.

Mesa Golf Center – 3252 E. McKellips Road
(On McKellips between Val Vista and Lindsey)

Bowling

Begins: Wednesday June 4th

Practices are held every Wednesday

Time: 3:30-5:30 p.m.

Apache Fair Lanes - Corner of Main and Horne



Soccer

Begins: Thursday July 24th

Practices are held every Thursday

Webster Gym – 202 N. Sycamore – **NEW LOCATION**
(Between Main and University - just east of Dobson)

Juniors (8-16) Practice 6:30- 7:30 p.m.

Seniors (17+) Practice 7:30- 9:00p.m.



Special Olympic Registration Procedures Summer – Fall 2003



This packet contains all of the necessary forms and information to register your athlete in our fall sports programs. Below is a brief description of each page contained in this packet.

■ **Insurance Waiver and Release of Liability Form** – Please read this document thoroughly and have both Guardian and Athlete sign. If Athlete is their own guardian then they may sign without Guardian's signature.

■ **Parent Responsibility Policies** – This document explains all of the parent responsibilities in regards to our programs. Both Athletes and Parent/Guardian's signature are required on this form.

■ **Registration Form** – Please circle the sport you would like your athlete to compete in. Please ensure that all of the information is filled out completely, including emergency contact and phone number.

➤ **Facts about Physicals** – This informational page explains our policies of physical forms. It is important to understand the medical policies, please read carefully.

➤ **Medical Physical Form** – This form is required to compete in our Special Olympic Programs. The Medical Physical form is valid for three years. For information or to see if your physical is current please contact Brett Petersen at 480-644-5702.

Please return all forms denoted with a Red Box to:

City of Mesa Parks and Recreation
Attn: Special Olympic Registration
125 N. Hobson Mesa, AZ 85203

A participant is not registered for the Program until all forms are completed, sent in, and processed. To insure that your athlete is eligible to participate in the program of their choice please turn in all paper work three weeks prior to the start date of the program.

Mesa Association of Sports for the Disabled Insurance Waiver and Release of Liability

In consideration of being allowed to participate in any way in Mesa Association of Sports for the Disabled programs, related events, and activities, as well as those of any affiliated organizations, including Wheelchair Sports, USA; Disabled Sports, USA; National Disabled Sports Alliance; United States Association of Blind Athletes; United States Les Autres Sports Association; Arizona Special Olympics and others, I and/or the minor participant, the undersigned:

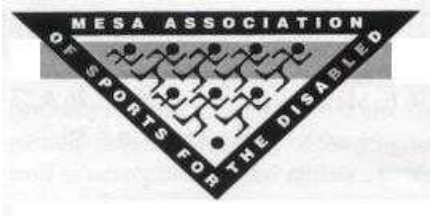
1. Agree that prior to participating, I will inspect, or if a parent and/or legal guardian, I will instruct the minor participant to inspect the facilities and equipment to be used, and if I believe anything is unsafe, I and/or the minor participant will immediately advise the Mesa Association of Sports for the Disabled of such conditions and refuse to participate.
2. Acknowledge and fully understand that I and/or the minor participant will be engaging in activities that involve risk of serious injury, including permanent disability and death, and severe social and economic losses which might result only from my own actions, inactions, negligence of others, the rules of play, or the condition of the premises or any equipment used. Further, that there may be other risks not known to me or not reasonably foreseeable at this time.
3. Accept all the foregoing risks and accept personal responsibility for the damages following such injury, permanent disability or death.
4. Release, waive, discharge and covenant not to sue the Mesa Association of Sports for the Disabled, its affiliated organizations, their representative administrators, directors, agents, coaches, and other employees or volunteers of the organization, other participants, sponsoring agencies, sponsors, advertisers, and, if applicable, owners and lessors of premises used to conduct the events, all of which are hereinafter referred to as "releasees", from demands, losses or damages on account of injury, including death or damage to property, cause or alleged to be caused in whole or in part by the negligence of the releasee or otherwise.
5. Agree to abstain from the use of alcohol and/or illegal drugs while participating in any event sponsored by the Mesa Association of Sports for the Disabled or its affiliated organizations. Failure to adhere to this requirement will result in immediate removal and possible suspension.
6. Do hereby authorize, consent to and direct the Mesa Association of Sports for the Disabled to obtain a physician to render medical aid, perform operations and/or give treatment to me, in the case of an emergency, and do hereby consent to and authorize said physician to render any and all treatment that in his/her judgment may be necessary or advisable.
7. Understand that my participation or attendance at any Mesa Association of Sports for the Disabled activities or events constitutes permission to be photographed, videotaped or recorded for possible publicity or media purposes and constitutes a waiver of any and all claims for compensation from all sponsoring agencies.

I/we have read the above waiver and release and understand that I/we have given up substantial rights by signing this document and sign it voluntarily.

Participant's Signature: _____ Participant's Name: _____ Date: _____

If the participant is a minor and/or has a legal guardian:

Parent/Guardian Signature: _____ Parent/Guardian Name: _____ Date: _____



Parent Responsibility Policies

Mesa Association of Sports for the Disabled along with Mesa Parks and Recreation and Mesa Public Schools ensures that all programs have quality coaching, are held in a suitable environment and are ran professionally.

It is the parent or guardian responsibility to ensure that the following procedures, commitments, and policies are kept.

- Parents/guardians are responsible for getting and tracking Medical Physical forms. **All physical forms must be completed and on file by the first practice.** If a physical is not obtained the athlete cannot participate until a physical is obtained.
- Parents/guardians are responsible for giving a copy of the Medical Physical Form to the coaches and are also responsible for keeping a copy on file at home.
- Parents/guardians are responsible for their athlete's attendance. An athlete must attend 80% of the scheduled practices or the athlete will not be eligible to compete in local and state competitions.
- Parents/guardians are responsible for picking up their athlete on time from all practices and competitions. Any abuse of this policy will result in a suspension of your athlete from the program.

I have read the above policies and agree to follow these policies.

Name of Athlete _____

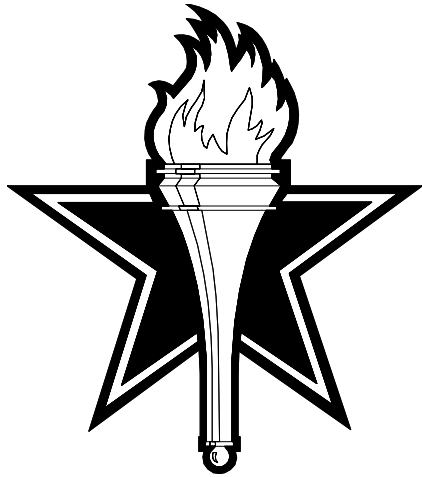
Signature of parent or guardian _____

Date _____

Fall Adaptive Sports Registration Form

Please circle the sport you would like to participate in and complete the form below. Please make sure that you fill out the form completely.

If you have any questions please call Brett Petersen at 480-644-5702.



Special Olympics

Swimming – 981406-11

Bocce Ball – 981407-11

Golf – 981408-11

Bowling – 981409-11

Soccer – 981410-11

Waiver: As a parent or guardian, I give the participant(s) permission to participate in the Mesa Parks and Recreation program listed below. Participants may be photographed and/or video taped for the promotion of City of Mesa programs. I understand that there are risks of physical injury to the participant(s). Considering all possible, on behalf of myself and the participant, I voluntary waive, release, discharge and hold harmless the City of Mesa, its employees, supervisors and volunteers from all claims, including those based on negligence, for all injuries to participant(s), no matter how severe. Furthermore I give consent for emergency medical treatment.

Parent Contact Info

Adult First Name	Adult Last Name	Adult Signature (Required)
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Full Address (City, State, Zip Code)	Apt./Unit #
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Home (Area Code + Number)	Work Number (Area Code + Number)	E-Mail
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Emergency Contact (Name)	Phone	Relation to the Participant
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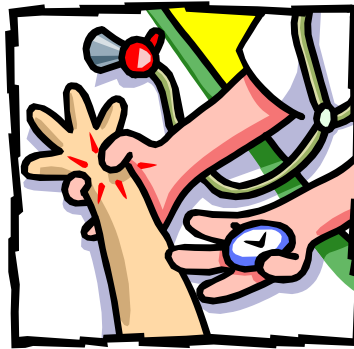
Participant Info

First Name	Last Name	Birth Date
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Full Address (City, State, Zip Code)	Apt./Unit #
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Home Number	Work Phone Number
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Facts about Medical Physical Forms



- All new athletes need a physical.
- Medical physical forms are good for three years.
- To see if your physical is current, please call Brett Petersen at 480-644-5702.
- An athlete **must have a physical on file by the 1st practice** or they cannot participate until a physical is obtained. To ensure that all physicals are processed in a timely manner, please complete and turn in three weeks prior to the first practice.
- **All physical forms must be filled out completely both front side and back side with a doctor signature and date or it is invalid.**
- **Special Olympic Arizona has made a no tolerance policy for late or incomplete physicals. Please fill out the forms completely and within the stated time limit or your athlete will be unable to participate.**
- A Medical Physical form is included in this packet.
- Please turn in Medical Physical Form to 125 N. Hobson, Mesa, AZ 85203. Do not mail forms in directly to the State office.

OFFICIAL SPECIAL OLYMPICS ARIZONA RELEASE FORM

RELEASE TO BE COMPLETED BY ADULT ATHLETE

I, _____ (athlete's name) am at least 18 years old and have submitted the attached application for participation in Special Olympics.

I represent and warrant that, to the best of my knowledge and belief, I am physically and mentally able to participate in Special Olympics activities. I also represent that a licensed physician has reviewed the health information contained in my application and has certified, based on an independent medical examination, that there is no medical evidence which would preclude me from participating in Special Olympics. I understand that if I have Down Syndrome, I cannot participate in sports or events which, by their nature, result in hyper-extension, radical flexion or direct pressure on my neck or upper spine unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability," available form the Special Olympics Chapter program in my state, or I have had a full radiological examination which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to complete the "Special Release for Athletes with Atlanto-Axial Instability" form which establishes the presence of Atlanto-axial Instability, I must have the radiological examination before I can participate in judo, equestrian sports, gymnastics, diving, pentathlon, butterfly stroke and diving starts in swimming, high jump, alpine skiing, snowboarding, squat lift, and football team competition (soccer). Special Olympics has my permission, (both during and anytime after), to use my likeness, name, voice or words in wither television, radio, film, newspapers, magazines, and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support these purposes and activities.

If, during my participation in Special Olympics activities, I should need emergency medical treatment, and I am not able to give my consent or make my own arrangements for that treatment because of my injuries, I authorize Special Olympics to take whatever measures are necessary to protect my health and well-being, including, if necessary, hospitalization.

I, the athlete named above, have read this paper and fully understand the provisions for the release that I am signing. I understand that by signing this paper, I am saying that I agree to the provisions of this release.

Signature of Adult Athlete

Date

I hereby certify that I have reviewed this release with the athlete whose signature appears above. I am satisfied based on that review that the athlete understands this release and has agreed to its terms.

Name (Print) _____

Relationship to athlete _____
(e.g. family member, teacher, coach, etc.)

THIS FORM IS VALID FOR THREE YEARS

RELEASE TO BE COMPLETED BY PARENT OR GUARDIAN OF MINOR ATHLETE

I am the parent/guardian of _____ (athlete's name), the athlete, on whose behalf I have submitted the attached application for participation in Special Olympics. I hereby represent that the athlete has my permission to participate in Special Olympics activities.

I further represent and warrant that to be best of my knowledge and belief, the athlete is physically and mentally able to participate in Special Olympics. With my approval, a licensed physician has reviewed the health information set forth in the athlete's application, and has certified based on an independent medical examination that there is no medical evidence, which would preclude the athlete's participation. I understand that if the athlete has Down Syndrome, he/she cannot participate in sports or events, which, by their nature, result in hyper-extension, radical flexion or direct pressure on the neck or upper spine, unless I and two physicians have completed the official "Special Release for Athletes with Atlanto-Axial Instability." Available form the Special Olympics Chapter program in my state, or the athlete has had a full radiological examination, which establishes the absence of Atlanto-axial Instability. I am aware that if I choose not to compete the "Special Release for Athletes with Atlanto-Axial Instability" form which establishes the absence of Atlanto-axial Instability, the athlete must have the radiological examination before he/she can participate in judo, equestrian sports, gymnastics, diving, pentathlon, butterfly stroke and diving starts in swimming, high jump, alpine skiing, snowboarding, squat lift, and football team competition (soccer).

In permitting the athlete to participate, I am specifically granting my permission, (both during and anytime after), to Special Olympics to use the athlete's likeness, name, voice and words in television, radio, film, newspapers, magazines and other media, and in any form, for the purpose of advertising or communicating the purposes and activities of Special Olympics and/or applying for funds to support these purposes and activities.

If a medical emergency should arise during the athlete's participation in any Special Olympics activities, at a time when I am not personally present so as to be consulted regarding the athlete's care, I hereby authorize Special Olympics, on my behalf, to take whatever measures are necessary to ensure that the athlete is provided with any emergency medical treatment, including hospitalization, which Special Olympics deems advisable in order to protect the athlete's health and well-being.

I am the parent/guardian of the athlete named in this application. I have read and fully understand the provisions of the above release, and have explained these provisions to the athlete. Through my signature on this release form, I am agreeing to the above provisions on my own behalf and on the behalf of the athlete named above.

I hereby give my permission for the athlete named above to participate in Special Olympics games, recreation programs, and physical activity programs.

Signature of Parent/Guardian

Date

THIS FORM IS VALID FOR THREE YEARS